

IOLA NURSING HOME

185 CHET KRAUSE DR PO BOX 237

IOLA 54945 Phone: (715) 445-2412

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 63

Total Licensed Bed Capacity (12/31/04): 63

Number of Residents on 12/31/04: 60

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 57

Non-Profit Corporation

Skilled

No

Yes

Yes

57

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.3
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		38.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.7	More Than 4 Years		23.3
Day Services	Yes	Mental Illness (Org./Psy)	28.3	65 - 74	6.7			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	28.3			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	43.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	20.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.3		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	8.3	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	8.3		-----	RNs		10.5
Referral Service	No	Diabetes	6.7	Gender	%	LPNs		9.3
Other Services	No	Respiratory	3.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	40.0	Male	28.3	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	71.7			39.5
Provide Day Programming for			100.0		-----	-----		
Developmentally Disabled	No				100.0	-----		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	6	100.0	314	40	100.0	117	0	0.0	0	13	100.0	150	0	0.0	0	1	100.0	117	60	100.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	6	100.0		40	100.0		0	0.0		13	100.0		0	0.0		1	100.0		60	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	12.2	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	75.0	25.0	60
Other Nursing Homes	2.4	Dressing	11.7	65.0	23.3	60
Acute Care Hospitals	84.1	Transferring	13.3	81.7	5.0	60
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	10.0	78.3	11.7	60
Rehabilitation Hospitals	0.0	Eating	46.7	51.7	1.7	60
Other Locations	1.2	*****				
Total Number of Admissions	82	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	6.7		Receiving Respiratory Care	16.7
Private Home/No Home Health	51.3	Occ/Freq. Incontinent of Bladder	46.7		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	5.0	Occ/Freq. Incontinent of Bowel	25.0		Receiving Suctioning	0.0
Other Nursing Homes	5.0				Receiving Ostomy Care	0.0
Acute Care Hospitals	12.5	Mobility			Receiving Tube Feeding	1.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.7		Receiving Mechanically Altered Diets	18.3
Rehabilitation Hospitals	0.0					
Other Locations	2.5	Skin Care			Other Resident Characteristics	
Deaths	23.8	With Pressure Sores	1.7		Have Advance Directives	96.7
Total Number of Discharges		With Rashes	5.0		Medications	
(Including Deaths)	80				Receiving Psychoactive Drugs	73.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer %	Group Ratio	Bed Size: 50-99 Peer %	Group Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.5	94.4	0.96	88.5	1.02	87.7	1.03	88.8	1.02
Current Residents from In-County	73.3	77.1	0.95	72.5	1.01	70.1	1.05	77.4	0.95
Admissions from In-County, Still Residing	18.3	24.2	0.75	19.6	0.93	21.3	0.86	19.4	0.94
Admissions/Average Daily Census	143.9	115.9	1.24	144.1	1.00	116.7	1.23	146.5	0.98
Discharges/Average Daily Census	140.4	115.5	1.21	142.5	0.98	117.9	1.19	148.0	0.95
Discharges To Private Residence/Average Daily Census	78.9	46.1	1.71	59.0	1.34	49.0	1.61	66.9	1.18
Residents Receiving Skilled Care	100	97.0	1.03	95.0	1.05	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	98.3	97.0	1.01	94.5	1.04	92.7	1.06	87.9	1.12
Title 19 (Medicaid) Funded Residents	66.7	64.4	1.04	66.3	1.01	68.9	0.97	66.1	1.01
Private Pay Funded Residents	21.7	24.7	0.88	20.8	1.04	19.5	1.11	20.6	1.05
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	28.3	35.9	0.79	32.3	0.88	36.0	0.79	33.6	0.84
General Medical Service Residents	40.0	24.7	1.62	25.9	1.55	25.3	1.58	21.1	1.90
Impaired ADL (Mean)	49.3	50.8	0.97	49.7	0.99	48.1	1.03	49.4	1.00
Psychological Problems	73.3	59.4	1.23	60.4	1.21	61.7	1.19	57.7	1.27
Nursing Care Required (Mean)	5.4	6.8	0.80	6.5	0.84	7.2	0.75	7.4	0.73